PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number					
CLAIMS AS FILED - PART I								PHALL	ENTITY		OTUE	THAN	
									YPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			41				. [RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED :		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	,770.00	
TOTAL CHARGEABLE CLAIMS			역 \ minus 20=		. 21			X\$ 9=		OR	X\$18=	378	
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT			+14				OR	+290=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL	1 .	OR	TOTAL	1148	
CLAIMS AS AMENDED - PART II											ÖTHER	THAN	
, (Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A	8/17/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 42	Minus	4	7	= /		X\$ 9=		OR	X\$ 10=	50	
MEN	Independent	· 4	Minus	3	3	= 1		X43=		OR	×86=	200	
5	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		-	. 4 4 5		1	+290=		
							L	+145= TOTA		OR	+29U=	(DCT)	
								DDIT. FE	_	OR	ADDIT. FEE	250	
		(Column 1)		(Colum		(Column 3)	-		1	, ,		1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATĘ	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM			+145=	1	OR	+290=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)							A	DDIT. FEE		,	ADDIT. FEE	(
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER BUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	*	Minus	**	-OR	=	r	X\$ 9=	FEE		X\$18=	FEE	
	Independent	*	Minus	***		=			1 10	OR			
	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT	CLAIM			X43= .		OR	X86=		
								+145=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
		mber Previously Paid ther Previously Paid					foun	d in the ap	propriate box	in colu	umn 1.		